LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE SECRETARY OF State

DIVISION OF CORPORATIONS

03 MAR 11 AM 9: 29

DOCUMENT # LO1 0000 15	59	87	_

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1. Limited Liability Comp	any's Name			TA HIB	HASSEE	FLORID	A		
GOURLE	Y CONSULTING,	LLC		(15-) the post		,			
2. Principal Office Address 3. N			3. Mailing Office Address						
744 MARINA	POINT DRIVE	744 MAR	INA POINT I	ORIVE	4. State/Cou	intry of Formati	on		
Suite, Apt. #, etc.		Suite, Apt. #, et				A/VOLUI			
	بالمراد والمعادية والمعادية والمعادية والمعادية والمعادية والمادية والمعادية			್ಷಾಪ್ರವರ್ ಷವಾಗಿದ್ದ	5. Date Orga	anized or Quali	ied		
City & State	<u> </u>	City & State		-	10 00 80	siness in Florid	9/18/	2001	
DAYTONA BEAG	CH, FL 32114	DAYTONA	BEACH, FL	32114	6. FEI Numb	per		X	Applied For
Zip	Country	Zip	Country		† .				Not Applicable
32114	USA	32214	USA		7. CERTIFICAT	E OF STATUS D	ESIRED \$5.00	Additio a Certifi	nal Fee required icate of Status
		8. Nar	me and Address of (Current Register	red Agent	<u>-</u>			
Name						·			
	RICHARDDW. GOU								
	ess (P.O. Box Number is No			· -					
Suite, Apt. #	744 MARINA POI	NT DRIVE				·			
· · · · · · · · · · · ·	, 20.						M ·	îH0i	eda"
City	DAYTONA BEACH,					State Z	ip Code 32114	ш	W 2
9. I, being appointed the	registered agent of the above	e named imited I	iability company, am t	familiar with and	accept the oblina	tions of Chante	V 608 ES 1		
Signature of	100	1/2 11			pr and conga	aono or onapa			
Registered Agent	, –	1000	<u>/</u>	· · · · · · · · · · · · · · · · · · ·		Date	3/1/3	<u>3</u>	
	RE	GISTERED AGEN	IT MUST SIGN				/ "		
10. Names and Street A	ddresses of Managing Mem	bers/Managers							
Titles M	Name of anaging Members/Manage	rs	Street Managin	Address of Each g Member/Mana	n ger		City / State /	Zip	
MCM GOURLE	Y, RICHARD W.		744 MARIN	A POINT	DRIVE	DAYTON	A BEACH,	FL .	32114
HOLM GOURLE	Y, JANA		744 MARINA	POINT D	RIVE	DAYTON	IA BEACH,	FL :	32114
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11. I certify that I am man	aging member/manager or	the receiver or to	etae empayarad to a	venuta this avail					
	t application the reason for nited liability company have								
as if made under oath		1) /	тина аррисацоп і	s true and accura	ate, and my sig	nature shall have ti	ne same	e legal effect
Signature of Managing Member/Manage		1/1/2	4	Date	1/23.	Daytime Phone	# <u>386-2</u>	295	-9518
Typed or printed name of si	✓ gning Managing Member/N	Manager /	Bishard	WG6	unlo				